



WORK RELEASE VISITOR AND SPONSOR APPLICATION

Offender Name		DOC Number		Date	
VISITOR/SPONSOR INFORMATION					
Name First		Middle	Last		Telephone Number
Address Street			City		State Zip
Race	Height	Weight	Eyes	Hair	Skin Tone Sex <input type="checkbox"/> M <input type="checkbox"/> F
Social Security Number	Birth Date	Birth Place		Relationship to Offender	Occupation
Employer		Address			Telephone Number
Driver's License Number-Expiration Date		Insurance Company		Auto Year	Make-Model License Number
Other Occupants in Home-Names and Ages				AKA/Maiden	

- How long have you known the offender? _____ Months _____ Years
- Have you been involved in illegal or criminal activity with the offender? ☐ Yes ☐ No
 - Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No When? _____
 - Are you under supervision for a criminal offense? ☐ Yes ☐ No
 - Are you related to or visiting any other offender in the Work Release program or other correctional facility? ☐ Yes ☐ No
 - Have you had a No Contact and/or Protection Order served on the offender? ☐ Yes ☐ No

REFERENCES-NON-RELATED PERSONS			
Name 1.	Address		Telephone Number
2.			
Spouse's Name	Birth Date	Occupation	
Spouse's Employer	Address		Telephone Number

SEARCH OF VISITORS All visitors are subject to a pat search and inspection of any purses, packages, briefcases, or similar containers which are brought within the secure perimeter of the facility or into the visiting area. If the pat search or independent evidence establishes a real suspicion that smuggling of contraband or criminal activity is imminent, there may be a search of the visitor's person.	REFUSAL TO BE SEARCHED A visitor has the option of refusing to be searched but may then be removed from the facility and denied visitation rights or entrance to the facility for a period not to exceed 90 days. If a visitor refuses to be searched on more than one instance, their visiting rights may be denied permanently.
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I HEREBY ACKNOWLEDGE THE AUTHORITY PROVIDED BY RCW 72.09.650 REGARDING SEARCH OF VISITORS AND REFUSAL TO BE SEARCHED.

The above answers and statements are true and complete to the best of my knowledge. If approved as a visitor or sponsor for an offender of this Work Release, I agree to abide by the guidelines listed in DOC 20-084 Request and Agreement for Social Outing. As a visitor, I agree to abide by the facility's rules relating to visiting offenders at the facility. As a sponsor, I further agree to phone the facility immediately if I have any questions, or if there is any change made in the plans as filled out or an unexpected departure by the offender.

Interviewer's Signature	Date	Applicant's Signature		Date
Supervisor's Signature	Date	VISITOR <input type="checkbox"/> Approved <input type="checkbox"/> Denied	SPONSOR <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Reason for Denial				

RESPONSIBILITIES OF SOCIAL OUTING SPONSORS

NOTE: Your Social Security Number is requested under the authority granted to the Department of Corrections pursuant to RCW 72.02.045 and will be used to perform a background check to ensure that you meet the criteria and eligibility for entering an adult correctional facility. Disclosure of your Social Security Number is mandatory if you wish to be granted visitation/sponsor privileges. Information received will be shared with other law enforcement agencies, when appropriate.

1. All sponsors must be at least 21 years of age. Spouses between 18 and 21 years of age require Community Corrections Supervisor approval to be sponsors.
2. Offenders must be signed out by the sponsor in the presence of staff.
3. Offenders must be returned to the facility by the predetermined time and signed in by the sponsor in the presence of staff.
4. Offenders will not consume alcoholic beverages at any time.
5. Offenders will not enter taverns, bars, cocktail lounges, or other alcohol distributing points.
6. Offenders will not use or possess any illegal or mind altering drugs.
7. Offenders will not have access to firearms.
8. Offenders will not leave the county in which their assigned Work Release is located without prior written approval of the Community Corrections Supervisor/designee.
9. Offenders will not leave Washington State during social outings.
10. Offenders will not leave their approved sponsor at any time.
11. Offenders will not associate with other Work Release offenders, probationers, parolees, furloughees, or anyone with whom s/he was involved in previous offenses.
12. The sponsor will ensure that the offender adheres to all social outing rules and regulations and will advise the Work Release Counselor of any violations or problems which occurred during the social outing.
13. Sponsors must telephone the facility immediately if there are any changes in the social outing plan or if the offender departs unexpectedly.
14. The sponsors must provide proof of insurance and ownership of the vehicle.

I HAVE READ, OR HAD READ TO ME, THE ABOVE RESPONSIBILITIES OF A SOCIAL OUTING SPONSOR AND AGREE TO ABIDE BY THEM. MY FAILURE TO FOLLOW THESE RULES MAY RESULT IN MY SPONSORSHIP BEING CANCELLED.

Sponsor Signature

Date

Interviewer's Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14